Montgomery County Youth Advisory Committee and Students Against Destructive Decisions Present

BATTLEBANDS

Saturday, March 21, 2009, 7:00-11:30pm

Doors open at 6:30pm

\$10 per person, canned food donation accepted

Executive Office Building

Terrace Level, 101 Monroe Street Rockville, Maryland

Rock Band!

 $\widetilde{on} \; U$ nderage Alcohol Use

Prizes!

Air Brush Tattoos!

Dancing!

DJ!

Montgomery County Youth ID Required.
High School and Middle School Students only!



Please call 240-777-6985 or visit www.montgomerycountymd.gov/rec for more information.

Montgomery County Department of Recreation is committed to compliance with the Americans with Disabilities Act (ADA). Please call a Therapeutic Recreation Specialist at 240-777-4925 V /240-777-6974 TTY to request accommodations no later than two weeks prior to the activity.

Come join the fun!

Here's all you do:

- Please read and sign the Teen Program Rules below.
- Complete the registration form below.

For more information, call 240-777-6985.

• Bring the form with payment to the event.

Behavior Policy

The Mission of the Department of Recreation-Teen Team is to provide fun and safe recreation and leisure services for youth.

Teen Program Rules

Participant or Parent/Guardian Signature

- Youth must attend school in Montgomery County or be a Montgomery County resident in 6th to 12th grade.
- Smoking, use of alcoholic beverages or other drugs, vandalism, possession of weapons (no pocketknives, chains, etc.) or misconduct will result in immediate notification of parents and appropriate disciplinary action.
- Appropriate dress and language are expected at all times. (Inappropriate clothing includes any which advertises
 or advocates the use of cigarettes, alcohol, or other drugs or which does not adequately cover the body.)
 NO HATS, DO RAGS, BANDANAS.
- Appropriate dancing is expected at all times. (no moshing, sandwiching, grinding or bending over).
- If you choose to leave the activity, you may not re-enter and must leave the premises.
- Absolutely no water, drinks or food may be brought in to the event.
- Participants must maintain an atmosphere free from all forms of sexual harassment.
- · Upon entrance you agree to be searched.
- Late Pick Up Policy: An overtime fee of \$10 for each fifteen minutes (or portion of fifteen minutes) per student is assessed regardless of the reason for being late. Payment is due at the time of pick up. The student may not participate in future events until late payment is made. Repeated offenses may result in the student not being allowed to participate in future events.

I have read the rules and regulations for Teen program activities and agree to abide by them. I realize that failure to obey these rules may result in my removal or expulsion from these events.

Student's Signature								Date					
Parent's Signature													
\$10 per participant per activity. Financial assistance is available to county residents who qualify. Call 240-777-6840 for information. If your check is returned unpaid, your account will be debited electronically for the original all refunds and all written withdress.										be submitted in writing. If your written with- or after the start date of the program, your on the date the request is received. In addition, drawal requests received seven days or less gram are subject to a \$20.00 withdrawal fee.			
Montgomery County RECREATION REGISTRATION					n Form				☐ Check here if new address/phone/email. Please print. This form may be duplicated.				
PAYER'S: Last Name													
Address					City _				State	Zip			
Home Phone ()				Work	Work Phone (Cell Phone ()			
PARTICIPANT'S (if under 18 years)									State Zip				
(Student Info)		Mother's Name											
			Work Phone ()										
	Father's Name												
	Home Phone ()				Work Phone ()			Cell Phone ()					
Participant's Name (last, first)		Birthdate mm/dd/yy		School Attending	Grade	Activity	Name	Course Number	Location	Start Date	Start Time	Fees*	
*If you are a no	n recident include	on addition	nol (S10.00 per participar	at in the	foo for o	ach activity	,					
•				10.00 per participar	it iii tiie	iee ioi e	acii aciivii	y.	Total Am	ount Due	s. \$		
☐ Check or Money Order payable to MCRD. ☐ Master Card ☐ Visa Card No.					Expiration Date					ount But	γ. [Ψ		
CARDHOLDER: Name (print)													
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Date_